

DOUGLAS

LAMBERT INSURANCE SERVICES

1825 State St., 3rd Floor, Santa Barbara, CA 93101 * 805-563-6388 * Fax 805-569-3051

YACHT APPLICATION

INSURED'S NAME		INSURED'S AGE		DATE		VESSEL NAME		
MAILING ADDRESS			CITY		COUNTY		STATE ZIP CODE	
HOME PHONE			BUSINESS PHONE			OCCUPATION		
LIENHOLDER INFORMATION: NAME		ADDRESS		CITY		COUNTY STATE ZIP CODE		
EFFECTIVE DATE				LAID UP				
FROM:		TO:		FROM:		TO:		
						ON SHORE AFLOAT		
CURRENT CARRIER								
COVERAGES WILL NOT BE PROVIDED UNLESS REQUESTED HEREON								
COVERAGES	SUM INSURED	EQUIPMENT			PRIMARY POWER	SAIL		
HULL-PHYSICAL DAMAGE		BILGE PUMPS		AUX/GENERATOR DIESEL		OUTBOARD		
TENDER/DINGHY		COOKING STOVE		EPIRE		INBOARD		
LIABILITY COVERAGE		FLAME DETECTOR		ENGINE ALARM		INBOARD/ OUTDRIVE		
CREW LIABILITY		CO ₂ /HALON SYSTEM		LIFE RAFT		OTHER		
OWNER OPERATOR M&C		FIRE EXTINGUISHERS		SONAR		TYPE OF HULL	SAILBOAT	
MEDICAL PAYMENTS		ANTI-THEFT DEVICES		GPS	PERFORMANCE			
COMMERCIAL PASSENGER LIABILITY		DEPTH SOUNDER		OTHER (LIST BELOW)	RUNABOUT			
UNINSURED BOATERS		RADAR			HULL MATERIAL	WOOD		
TRAILER		LORAN/DIRECTION FINDER				METAL		
PERSONAL PROPERTY		SHIP TO SHORE RADIO				FIBERGLASS		
NON-EMERGENCY TOWING		SATNAV/OMEGA			FUEL TANK	METAL		
OTHER		AUX GENERATOR GAS				FIBERGLASS		
VESSEL INFORMATION								
YEAR	LENGTH	DATE PURCHASED	PURCHASE PRICE	PRESENT VALUE	MAX SPEED	REGISTRATION NUMBER		
HULL IDENTIFICATION NUMBER:				MANUFACTURER/MODEL:				
TENDERS OR DINGHIES:				STORED AT (CITY, DO, BT):				
ANTI-THEFT PRECAUTIONS:								
WATERS TO BE NAVIGATED:								
WILL VESSEL BE LOCATED BETWEEN 12° 40'-25° NORTH AND 55°-85° WEST DURING THE PERIOD JULY 1 ST -NOV 1 ST ?							YES / NO	

ENGINE/MODEL	SERIAL NUMBER	H. P.	GASOLINE/DIESEL	YEAR	DATE PURCHASED	PURCHASED PRICE	PRESENT VALUE
DATE VESSEL LAST SURVEYED						ASHORE/AFLOAT	
TRAILER INFORMATION		YEAR	DATE PURCHASED		PURCHASE PRICE		PRESENT VALUE
MANUFACTURER/MODEL				SERIAL NUMBER			
DETAILS OF PREVIOUS VESSELS OWENED							
OPERATORS ALWAYS LIST INSURED AS OPERATORS #3							
	NAME	DATE OF BIRTH	AUTO DRIVERS LICENSE NUMBER	STATE	SOCIAL SECURITY	USCG/POWER SQUADRON CERTIFICATE	
1							
2							
3							
VIOLATIONS/SUSPENSIONS (INCLUDING AUTO) IN LAST 5 YEARS					YEAR OF BOAT OWNERSHIP		
1							
2							
GENERAL INFORMATION							
	EXPLAIN ALL 'YES' RESPONSES IN REMARKS	YES	NO	#	EXPLAIN ALL 'YES' RESPONSES IN REMARKS	YES	NO
1	IS THE BOAT CHARTERED TO OTHERS WITH CAPTAIN?			6	IS THE BOAT USED COMMERCIALY OR FOR BUSINESS PURPOSES?		
2	IS THE BOAT CHARTERED TO OTHERS WITHOUT CAPTAIN?			7	DOES THE APPLICANT EMPLOY PAID CREW, IF SO HOW MANY?		
3	IS THE BOAT USED FOR RACING?			8	WAS THE OPERATOR INVOLVED IN A MARINE LOSS IN THE LAST 10 YEARS (INSURED OR NOT)?		
4	IS THE BOAT USED FOR WATER SKIING OR DIVING?			9	WAS ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED IN THE LAST 5 YEARS?		
5	IF THE BOAT IS USED FOR FARE PAYING PASSENGERS, WHAT IS THE AVERAGE NUMBER OF PASSENGERS PER TRIP NUMBER OF TRIP PER YEAR?						
REMARKS							

PLEASE READ BEFORE SIGNING APPLICATION

1. This application will be incorporated in its entirety into any relevant policy of insurance where insurers have relied upon the information contained therein.
2. Any misrepresentation in this application for insurance, will render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application.
3. A photograph of the vessel is required to be submitted with this application.

NOTICE:

The normal procedure used by the company to evaluate applications may include an investigation consumer and credit report involving information on such things as charter, general reputation, personal characteristics and mode of living. Information on the nature and scope of such a report, if one is made, will be given to you upon request.

Signature _____ Date _____